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LINCOLN DAVIS, '98
President Harvard Medical Alumni Association

The Department of Hygiene*

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A good organization for the care of student health in a University represents at the present time the best approach to the medical care of a community thus far devised in this country. The only exception to this statement known to me is the health system set up by the Homestake Mining Company at Lead, South Dakota. None of the usual nonuniversity insurance plans covers as many provisions as are now made for students by Harvard University. The two or three-cent-a-day scheme, for example, provides only for hospital expenses during a period of three weeks in one year. Other plans provide for payment of both hospital bills and professional fees in the event of major illness. In contrast to these arrangements, the following outline of the health service in Harvard University is worth noting at the outset of this discussion:

1. An outpatient clinic in the Hygiene Building functions each day for seven and a half hours, except for the half-day on Saturday. There is no clinic on Sunday. A doctor is on duty all day at the Business School, and in the afternoons only at the Medical School and Law School. If the service in the future demands it, the clinic hours at the Medical and Law Schools will be extended. Doctors are on duty for all out of office hour calls, nights, Sundays and holidays, for which small charges may be made.

2. A psychiatrist is available in the Hygiene Building throughout the day except for two mornings of the week.

3. A special clinic for the care of athletes is conducted at the Dillon Field House without which I doubt if athletics at Har-

vard, on their present scale, could be conducted. A doctor is in attendance at all indoor or outdoor contests.

4. During the academic year, two weeks of ward care are provided either at the Stillman Infirmary or in the wards of the hospitals associated with the Medical School. No professional fees are charged for such services in the Stillman Infirmary, and of course, none are charged for ward care in hospitals. An X-ray service is available at both Stillman and Dillon Field House, for the use of which fees are charged to cover the service.

5. A dental health service and an eye clinic are maintained, for the use of which moderate extra fees are charged.

6. A sanitary service looks after the physical set-up of the University, the survey including the condition of the kitchens, dining rooms, toilets, pool water and bacteriological and fat examination of milk, cream and ice cream.

7. The Employees' Clinic examines all food handlers and dining room personnel. Stool examinations are made in the case of food-handlers by the School of Public Health. The kitchen and dining room personnel are checked frequently for the presence of colds, infections of the hands and other evidence of ill health.

8. The food served in the dining rooms is of the best quality the market provides. Refrigeration and general cooking and handling of food is carried on with great care according to standards seldom found in public eating places.

I mention this list to indicate not only the scope of the safeguards set up for student health, but also to point out the fact that the compulsory health fee paid by the student covers only a part of the provi-

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sions made by the University to protect the students given to its care. Funds are contributed by the University and by the Harvard Athletic Association in substantial amounts to make the present set-up possible.

One of the first steps taken in the summer of 1935 was to integrate the Department of Hygiene with the Medical School. To accomplish this, the Stillman Infirmary is now used for the treatment of minor disorders and we refer to hospitals associated with the Medical School all cases of major illness and major surgery. The staff members of the Medical School and the hospitals were asked to act as consultants of the Department of Hygiene. With these arrangements the Department at once had available many of the facilities of the Medical School and I pause to pay tribute to the remarkable spirit of coöperation we have received from both doctors and hospitals, and to say that the system from the beginning has worked with great efficiency. During 1935-36 we referred 150 men to these hospitals. The outstanding problem for hospital care was that of acute appendicitis, 38 appendectomies having been performed. Thirteen appendectomies were done by family surgeons in other hospitals in the vicinity of Boston and 15 were done while students were at home during vacation periods—a total of 66 such cases.

Another step taken was the unification of the work of the Department. The office of Medical Adviser was abolished and instead part-time Assistant Medical Advisers work under the direction of the Head of the Department, who is also directly responsible for the administration of Stillman Infirmary, the activities of the Medical Staff of Dillon Field House, the Medical Offices of the Graduate Schools, the Dental Health Service, the Eye Clinic, the Employees' Clinic and the Sanitary Inspection Service.

The interior of the Hygiene Building has been rearranged to provide more office space, the offices are fully equipped for ordinary clinical work and a clinical laboratory has been installed. The case-record

system has been improved, and a card catalog of diagnoses based on the International Nomenclature was established last year. Beginning with the present academic year, new medical offices have been provided in Austin Hall of the Law School and in the Medical School. For the sake of convenience, the Eye Clinic and the Dental Health Service have been transferred from the basement of the Stillman Infirmary to the Hygiene Building.

The Stillman Infirmary, one of the first private institutions of its kind built in this country, in 1902, is now outmoded in many respects. It has long and honorably served the needs of Harvard men. It is a classical belief on the part of students that a man enters this famous institution with one disease and comes out with two. As a matter of fact, no general hospital in this community takes the precautions we take with reference to the sterilization of all dishes and bedside utensils. All knives, forks, spoons, glasses and dishes, after being washed in General Electric washing machines, are exposed to live steam for ten minutes. Bedside basins and bedpans are sterilized in appropriate sterilizers. Wash basins have been installed in the wards and in spite of the fact that we have numerous cases of such conditions as acute follicular tonsillitis cared for in the open wards, I know of no instance of cross infection occurring during the past year.

The lighting of the wards has been improved; bed screens are now in place for ward beds; the private rooms have all been refurnished and redecorated; new laundry equipment has been installed; and a new inside stairway has been built in the second building of the Infirmary. We are taking steps as rapidly as possible to make the Infirmary a safe place for the care of sick men, although it is no secret that we would welcome the gift of a new Infirmary.

The professional staff of the Department is made up of 30 men, all part-time except three, and is composed of physicians, surgeons, dentists, one ophthalmologist, and five psychiatrists. All of these men have

corporation appointments, an important matter from the point of view of ultimate responsibility.

The old course in Hygiene, "Smut I", has been given up. Mistakenly or not, we believe that more hygiene can be taught through our daily contacts with the men than by any form of lecture system. We have a standard of medical care such that our procedures in caring for men conforms with the best practice of modern medicine. We believe that the way to treat the common cold is by bed-care and we make the presumption that sudden onset of pain in the abdomen is due to acute appendicitis, especially if this is accompanied by an increased white count, irrespective of physical findings. You must appreciate the fact that we stand in a parent-physician relationship and that the natural tendency is to be over-conservative rather than to take unnecessary chances such as might be done if the families were close at hand. The volume of our telephone calls and our correspondence with parents reaches the proportions of big business. We are dealing with the most hypercritical group of patients to be found in any community and if a mistake in diagnosis is made it is apt to be broadcast before night.

That use is made of the medical services is indicated by the fact that in nine months of the last academic year, the Department had 48,843 visits to the various clinics, and in addition, we took care of 1,463 men in the Stillman Infirmary and sent 150 men to hospitals. The total of men hospitalized by ourselves and others was 211. In the college alone we saw 3,171 of the 3,665 men in the four classes, or 86.5%, on an average of something more than 4 times each. At the Business School, the only graduate school having a full-time physician, Dr. Packard saw 83% of this group with an average of 6 visits per man. At the Dillon Field House Medical Station alone there were 13,750 visits. The total of visits made to the Hygiene Building Clinic was 19,046 and there were 392 visits made out of office hours.

Every effort is made to approach each individual who comes to us as an individual. For this reason we have, for example, no set dietary schemes to hand out for various conditions. We have no pharmaceutical house methods of therapy. The doors of our offices are open for personal consultations as are the offices of private physicians in the community. I believe that any kind of organized drive to produce health is bound to fail. The important fact to have known throughout the University is that a competent professional staff is readily available to attempt to find an answer to the problems that may be brought to it. We have in mind the possibility that it is easier to make a hypochondriac than it is to unmake one.

In the examination of Freshmen, emphasis is given to the need for an estimate of the personality of each man. To an alert examiner there are often objective evidences of instability and in what a man says and does not say there are often fertile clues suggesting the need of more investigation. All such suggestions are followed up subsequently as are physical abnormalities which need checking. Students with poor posture are placed under the supervision of Mr. Norman Fradd of the Department of Physical Education and under the auspices of the latter all Freshmen are required to do three hours of physical exercise each week, the nature of which may be chosen from a variety of sports. All candidates for organized sports are required to pass a physical examination before being allowed to participate. Our professional relations with students are confidential. We have no concern with disciplinary matters except that we do not expect the Administrative Board to take drastic action without giving us an opportunity to investigate if possible medical reasons are involved.

In the field of psychiatry we are in the same difficulties that characterize this field of medicine in the community at large. The education of the public is such that individuals have, as a rule, little hesitation in seek-

ing medical aid for questions concerning physical ailments but the idea of consulting a psychiatrist with reference to personality problems is not acceptable to most people; in fact, they exercise a moral judgment against it. Then there is the problem of the people in the University, as well as out of it, who have no insight into the cause of their difficulties. A man, for example, may go through Harvard College successfully from the point of view of the Dean's office, and yet not realize that from the point of view of a psychiatrist he is a sick man. Notable among such are the recluses, some among those who plan to teach, or to write, and in the Graduate Schools are to be found men who see no other alternative than to continue their academic connections.

It is clear that the straightforward medical and surgical problems presented by students can be cared for with relative ease by well-trained doctors. Our brief experience to date shows that we have made few mistakes in diagnoses or judgment in connection with ordinary ills. The big problem confronting us has to do with the problems of the psyche, not only when we are confronted with individual problems, but also what, if any, procedures may be undertaken for the cases that do not come to us.

In connection with the problems in this field that we are asked to deal with, many can be helped with a few consultations by either internists or psychiatrists. Others are of such a nature as to require prolonged therapy. Should this burden be assumed by the Department of Hygiene? Should we urge such cases to resign from the University, to be treated by psychiatrists, and to resume University work when conditions warrant? If we do this, where are we to find the psychiatrists to do this work, or is it our responsibility to find such psychiatrists? Is the University to be used as a sanitarium while proper investigations are being carried on with men whose personality problems are so great as to prohibit the decent conduct of intellectual work? We are confronted with questions like these

with great frequency. There seems to be no doubt as to what should be done with the outspoken major psychoses, but as everyone knows, the number of borderline psychopathic personalities and common neuroses is much greater than are the cases of undoubted major psychoses. I am far from convinced that psychoanalysis or elaborate and extensive psychotherapy of any type or level can be carried on concomitantly with the effective conduct of college or graduate work in the case of any individual who really needs such therapy. The question of withdrawing from the University for proper psychiatric care is generally met with opposition not only from the patient but frequently by the family as well. The parents are apt to feel, in the face of such a situation, that we are grossly mistaken in making such a judgment about their particular son.

If we find ourselves in a dilemma about many cases that present themselves to us through one channel or another, what is to be done about the greater number who never come to us? It is certain that a voluntary approach on the part of the patient is essential. Doctors can not be policemen and force issues of this kind. The only approach that I can see at present is the training of doctors and parents in the earlier recognition of these difficulties before a young man becomes a Freshman. About this, I shall say more in a moment.

Last year, in a comparatively small psychiatric clinic, we found 12 cases of schizophrenia, 22 cases of manic depressive psychosis, and 12 cases showing a variety of states characteristic of a psychopathic personality of a severe nature. These figures indicate that we are seeing, for the most part, only the men in serious trouble from mental illness and almost certainly not all of these. It is not to be supposed for a moment that the problem now being discussed is peculiar to Harvard or any other University, since general experience has shown the great frequency with which mental and personality problems are encountered throughout the community.

The histories in the cases of the psychoses and most of the neuroses as well indicate the inception of these states long before college age. Among the apparent causes are social and economic status, parental anxiety, parental antagonism, parental fixation, sexual situations, fear of the environment, fear of the future, etc. The boy for example who, during prep school, was a recluse and considered queer becomes an overt schizophrenic soon after admission to college. Parental antagonism can not usually be cured by sending a boy to college. The belief that life at college offers an opportunity for reconstruction of a personality in trouble is not uncommon, but generally leads to the opposite result.

This is not the occasion to discuss the probable origins of personality difficulties. I should like, however, to take advantage of this opportunity to point out my belief that the greatest need of the day in the practice of medicine is the development of a medical profession awake to the needs of the public in this field. Early recognition and treatment of many of the problems of the personology, as Murray speaks of it, would tend to solve most of the problems in this area before the Freshman year. We have evidence suggesting that family physicians, including the family psychiatrist, and preparatory schools may aid and abet the family in keeping from us essential information. This is done with the mistaken idea that it is for the best interest of a given young man to have him enter as a student, as one parent expressed it, hoping Harvard would cure the psychosis, but it does not work. It is the duty of the physician to recognize the problem, to inform the parents of its significance, and to recommend an intelligent course of action. It is not surprising that these problems of the personology arise considering the factors present in heredity and environment capable of producing them, and it is about time now to set up a systematic attempt to evaluate the influences which have yielded men of relatively poor constitution as compared with those which have developed a well constituted

group. Such an undertaking would involve a long-term program, would be expensive, but would bring light to a field in which we now have plenty of opinions and few facts. The necessity for this and other studies of similar nature becomes apparent if we are ready to grant that there are more problems of a sociological nature in the practice of medicine than of strictly medical origin.

In another field closely allied to the work in psychiatry, Professor Packard and Dr. Ilfeld are conducting a speech clinic in Cambridge in an attempt to understand and correct the problem of stammering. They have under observation now some 36 men and have the coöperation in this work of Professor Dearborn of the Graduate School of Education and Dr. H. A. Murray of the Psychological Clinic. The study bids fair to produce some constructive ideas as to the cause and treatment of this speech defect.

A separate medical station has been maintained at the Business School since it moved to the present buildings in 1926. This year new medical offices have been arranged for in the Law School and at the Medical School. Last year the Hygiene Department saw 56% of the Law School men as compared with 83% of the Business School men. We suspected that the geographical location of the Hygiene Building with respect to the Law School might constitute a sufficient barrier to keep men from coming to the Clinic. Up to December 1st this year, the number of clinic visits by Law men increased 33% over that of last year, and 30% more law men have been admitted to Stillman. Optional physical examinations were offered the Law students this fall. Of the total enrollment of 1400 plus, about 300 availed themselves of this opportunity. It still remains for the future to show whether the additional expense of the Medical offices in Austin Hall can be justified.

In the Medical School, the compulsory medical fee is effective this year for the first time. Here objections have been made be-

cause of the compulsory nature of the fee. That compulsion is not usually pleasant is a matter of everyday experience. Most of us are compelled to work for a living. Students are compelled to pay tuition and other fees, to pay for rent and board. I hope that the program for the care of medical students will serve them well, not only as far as immediate health problems are concerned but also as a method of teaching the men how the problem is attacked. The present-day student is seeing only the beginning of health insurance programs and is not apt to go through the next 25 years of his experience in medicine without having more than a casual interest in such ideas.

We started the present first-year class in the Medical School with medical examinations done by various instructors in the Department of Medicine, the group of examiners as a whole being older and more experienced than the examiners in Cambridge. Dr. Heath had no difficulty in enlisting the services of these doctors as any one knowing the spirit of Harvard Medical School would have guessed.

The medical offices in the Administration Building of the Medical School are well equipped. Facilities are at hand for clinical laboratory work. The office visits up to December 1st number 458 as compared with 245 for the same period last year. At the Stillman, 11 medical students were admitted as against one last year in this period. There is no reason to suppose that the medical student is less in need of personal advice than are the students of other graduate schools. I have faith to believe that the service here under the direction of Dr. Clark Heath will prove its value both to students and staff. The students of the School of Public Health are included in the medical school program. Two of them recently helped Dr. Smillie investigate a problem for us in Cambridge for which we are greatly obligated to them.

What may be said of the ready availability and accessibility of the physician in a system such as we have? There can be

little doubt that some visits to our staff are occasioned by the desire of certain men to get some individual consideration in view of the compulsory fee paid by all students. For the rest, the barrier of routine doctors' fees having been removed by payment of the fee at the start, questions, complaints, and problems are brought in great numbers, the helpful solution of which makes for greater efficiency and often may be the means of preventing serious trouble. We are prone to say that 85% of man's ills are inconsequential and that only 15% comprise major problems. I believe it is fair to say that far more grief and damage result from the 85% than from the 15% group. If a doctor's eyes are glued only on the search for gall stones, cancer, pneumonia, etc., his eyes are covered with blinkers through which little light shines. Of course, he must not overlook the presence of cancer, but neither should he fail to see the possible sequelae of minor ailments nor the importance of the role played by fear, worry, frustration and other conditioning influences.

Is not the medical profession now facing a possible extension in one form or another of the University health organization into the medical care of the community at large? The whole question of community health is a matter of concern of several private foundations and it seems possible that doctors will be led rather than lead the way to a better organization of their professional services. In order to render tangible aid in this direction the Department of Hygiene is now undertaking the problem of collecting data to show what the total cost of medical care is for the student group at Harvard. No actuarial data exist for this age group. I should like to see the day come when for a given fee we shall be able to assume responsibility for the cost of all services rendered, medical, surgical, and hospital. Such a system would be the logical development of the insurance program and would, of course, be the most valuable to the person with the least money.

List of Hospital Internships, Class of 1937

Name	Hospital	Service	Dates
Acheson, G. H.	Mass. General, Boston	Medical	Jan. '38-Aug. '39
Armstrong, S. H., Jr.	Presbyterian, N. Y.	Medical	Oct. '37-Nov. '39
Bachhuber, E. R.	Milwaukee County Gen., Wauwatosa, Wis.	Rotating	June '37-June '38
Bell, L. T.	Los Angeles County, Los Angeles, Calif.	Rotating	July '37-July '39
Bender, R. L.	Indianapolis City Hosp., Indianapolis, Ind.	Rotating	July '37-July '38
Blake, A. J.	St. Joseph, Paterson, N. J.	Rotating	July '37-July '38
Booth, J. A.	(U. S. Army) Walter Reed, Wash., D. C.	Rotating	July '37-July '38
Brooks, G. L.	Children's, Boston	Bact. & Path.	July '37-July '38
Brown, R. K.	Colorado General, Denver, Col.	Pathological	June '37-Sept. '37
	Mass. General, Boston	Surgical	Oct. '37-Nov. '39
Brownlee, R. E.	Mary Imogene Bassett, Cooperstown, N. Y.	Medical	June '37-June '38
Bryan, C. S., Jr.	Rhode Island, Providence, R. I.	Rotating	June '37-June '39
Burgess, A. M., Jr.	Boston City, Boston	IV Medical	April '38-Oct. '39
Campbell, C. M., Jr.	Peter Bent Brigham, Boston	Pathological	Jan. '38-Jan. '39
Chase, J. S.	Mass. General, Boston	Surgical	Jan. '38-Feb. '40
Clapp, R. C.	Faulkner, Jamaica Plain, Mass.	Mixed	June '37-June '38
Cochran, J. R., Jr.	St. Luke's, Chicago, Ill.	Rotating	July '37-July '38
Cohen, S.	Mt. Sinai, N. Y. C.	I Medical	July '37-Jan. '40
Compton, W. A.	University Chicago Clinics (Billings Hosp.) Chicago, Ill.	Medical	Oct. '37-Oct. '38
Coons, A. H.	Mass. General, Boston	Medical	July '37-Feb. '39
Crandon, J. H.	Boston City, Boston	V Surgical	July '37-July '39
Crofoot, M.	Worcester City, Worcester, Mass.	Rotating	April '38-April '40
Davis, B. M.	Strong Memorial, Rochester, N. Y.	Surgical	July '37-July '38
Dawber, T. R.	U. S. Public Health Service, Marine Hosp., Norfolk, Va.	Rotating	July '37-July '38
Drapiewski, J. F.	Mercy, Wilkes Barre, Pa.	Rotating	July '37-July '38
Ducharme, P. H.	Boston City, Boston	III Medical	July '37-Jan. '39
Dutton, D. P.	Rhode Island, Providence, R. I.	Rotating	Oct. '37-Oct. '39
Elkinton, J. R.	Pennsylvania, Phila., Pa.	Rotating	Aug. '37-Aug. '39
Elliott, W. H., Jr.	St. Louis City, St. Louis, Mo.	Rotating	July '37-July '38
Emerson, C. P., Jr.	Boston City, Boston	Medical	April '38-Oct. '40
Emerson, G. F.	Mass. General, Boston	Anesthesia	Nov. '37-Mar. '38
		Surgical	April '38-May '40
England, A. C., Jr.	Peter Bent Brigham, Boston	Medical	Feb. '38-Nov. '39
Erdmann, A. J., Jr.	Peter Bent Brigham, Boston	Medical	Feb. '38-Nov. '39
Fairbanks, E. J.	Worcester City, Worcester, Mass.	Rotating	Sept. '37-Sept. '39
Fineth, L.	Milwaukee County General, Wauwatosa, Wis.	Rotating	June '37-June '38
Foster, M. A.	State of Wisconsin Gen., Madison, Wis.	Rotating	July '37-July '38
Frothingham, J. R.	Peter Bent Brigham, Boston	Medical	June '37-Mar. '39
Gardner, G. E.	Mass. General, Boston	Pediatrics	July '37-April '38
Garrigues, H. B.	Mass. General, Boston	Surgical	July '37-Aug. '39
Gillespie, L.	Eastern Maine General, Bangor, Maine	Rotating	July '37-July '38
Goldstein, R.	Beth Israel, Boston	Medical	April '38-July '39
Grandfield, R. E.	Cambridge City, Cambridge, Mass.	Rotating	June '37-Mar. '39
Grant, R. N.	Springfield Hosp., Springfield, Mass.	Rotating	July '37-Jan. '39
Graves, M. MacP.	St. Luke's, Cleveland, Ohio	Rotating	July '37-July '38
Greeley, D. McL.	Peter Bent Brigham, Boston	Medical	June '37-Mar. '39
Gusberg, S. B.	Collis P. Huntington Memorial, Boston	Medical	July '37-July '38
Guyton, J. S.	Johns Hopkins University, Baltimore, Md.	Ophthalmology	July '37-July '38
Hatch, J. S.	Starling-Loving (Ohio State Univ.) Columbus, Ohio	Surgical	July '37-July '38
Hawes, L. E.	Mass. General, Boston	Medical	Jan. '38-Aug. '39
Hearne, R. B.	King County, Seattle, Wash.	Rotating	July '37-July '39
Heyl, J. T.	Mass. General, Boston	Medical	April '38-Nov. '39
Hindle, W. V.	Boston City, Boston	I Surgical	Nov. '37-Nov. '39
Hogshhead, T. H.	Malden Hosp., Malden, Mass.	Rotating	June '37-June '38
Howard, G. T., Jr.	Boston City, Boston	V Surgical	Nov. '37-Nov. '39

Name	Hospital	Service	Dates
Howard, R. W.	Peter Bent Brigham, Boston	Surgical	Mar. '38-July '40
Howland, M. S., Jr.	Buffalo General, Buffalo, N. Y.	Rotating	July '37-July '38
Hurwitt, E. S.	Mt. Sinai, N. Y. C.	I Surgical	July '37-Jan. '40
Johnson, J. W., Jr.	Presbyterian, N. Y. C.	Pathological	July '37-July '38
Johnston, R. G.	Johns Hopkins, Baltimore, Md.	Pathological	July '37-Jan. '38
	New Haven Hosp., Conn.	Medical	Jan. '38-July '39
Johnwick, E. B.	U. S. Public Health Service, Marine Hosp., Baltimore, Md.	Rotating	July '37-July '38
Jones, H. W., Jr.	Univ. of Chicago Clinics, Chicago, Ill.	Medical	July '37-July '38
Katzin, H. M.	Mt. Sinai, N. Y. C.	Medical	Nov. '37-May '40
Keeley, J. K.	Mass. General, Boston	Neuro-Surgery	July '37-Jan. '38
Kelley, N. R.	Hartford Hosp., Conn.	Rotating	June '37-June '39
King, R. G.	Bellevue Hosp., N. Y. C.	I Rotating	July '37-July '39
Knecht, E. M.	Lankenau, Philadelphia, Pa.	Rotating	July '37-July '39
Lane, W. S.	U. S. Public Health Service, Marine Hosp., Staten Island	Rotating	July '37-July '38
Lankin, J. J., Jr.	Hartford Hosp., Conn.	Rotating	June '37-June '39
Lee, T. H.	Palmer Memorial, Boston	Surgical	July '37-July '38
Lesemann, F. J., Jr.	Boston City, Boston	Pathological	July '37-July '38
Lesnick, G. J.	Mt. Sinai, N. Y. C.	I Surgical	Mar. '38-Sept. '40
Liljestrand, P. H.	Queen's, Honolulu, Hawaii	Rotating	Jan. '38-July '39
Louie, S.	Peiping Union Med. Coll., Peiping, China	Surgical	July '37-July '38
Lowell, W. H., Jr.	Hartford Hosp., Conn.	Rotating	June '37-June '39
Lyle, J. S.	Mary Hitchcock Mem., Hanover, N. H.	Rotating & Path.	Jan. '38-June '39
Lynch, D. C.	Mercer, Trenton, N. J.	Rotating	July '37-July '38
MacNeill, A. E.	Mary Hitchcock Mem., Hanover, N. H.	Rotating	July '37-July '38
Massie, W. K., Jr.	Mass. General, Boston	Pathological	Jan. '38-Jan. '39
McCarthy, T. F.	Boston City, Boston	IV Surgical	Nov. '37-Nov. '39
McGee, C. J.	Knickerbocker, N. Y. C.	Rotating	Aug. '37-Nov. '40
McKittrick, J. B.	Volunteer, Mass. General, Boston	Anesthesia	July '37-Mar. '38
	Mass. General, Boston	Surgical	April '38-May '40
Merrill, G. G., Jr.	Philadelphia General, Phila, Pa.	Pathological	June '37-June '38
Meyer, R. W.	Huntington Memorial, Boston	Pathological	July '37-Jan. '38
	Worcester City, Mass.	Rotating	May '38-May '40
Mindlin, R. L.	Beth Israel, Boston	Medical	Jan. '38-April '39
Mooney, D. L.	Carney Hosp., Boston	Surgical	April '38-April '40
Myers, R. S.	Peter Bent Brigham, Boston	Surgical	Sept. '37-Feb. '40
Nadal, J. W.	Geisinger Memorial, Danville, Pa.	Rotating	July '37-July '38
Neff, R. S.	Peter Bent Brigham, Boston	Surgical	Nov. '37-Oct. '40
Nelson, C.	Mass. General, Boston	Surgical	Oct. '37-Nov. '39
Nitchman, D. E.	Strong Memorial, Rochester, N. Y.	Medical	July '37-July '38
Nunemaker, J. C.	Peter Bent Brigham, Boston	Medical	Oct. '37-July '39
Owens, R. R.	Phillips House, Mass. General, Boston	Surgical	Jan. '37-July '38
Paddock, F. K.	Presbyterian, N. Y. C.	Medical	June '37-July '39
Parker, D. D.	Presbyterian, N. Y. C.	Medical	June '37-July '39
Parker, R. C., Jr.	Rochester General, Rochester, N. Y.	Rotating	Sept. '37-Sept. '38
Patterson, H. C., Jr.	Baltimore City, Md.	Surgical	July '37-July '38
Payne, F., Jr.	New Haven Hosp., Conn.	Surg. with Gyn. & Ob.	July '37-Mar. '39
Pearson, J. B.	Milwaukee County, Wis.	Rotating	June '37-June '38
Phifer, E. W., Jr.	New Haven Hosp., Conn.	Surgical	Mar. '38-Nov. '39
Pippitt, R. B.	Mass. General, Boston	Medical	April '37-Nov. '38
Pratt, J. H., Jr.	Boston City, Boston	I Surgical	Mar. '38-Mar. '40
Price, H. P.	Medical Center, Jersey City, N. J.	Rotating	Jan. '38-July '39
Read, S. H.	Boston Sanatorium, Mattapan	Tuberculosis	April '37-Oct. '37
	Rhode Island Hosp., Providence, R. I.	Rotating	Dec. '37-Dec. '39
Riley, R. L.	Charles V. Chapin, Providence, R. I.	Contagious	July '37-Dec. '37
	St. Luke's, N. Y. C.	Medical	Dec. '37-Dec. '39
Sanborn, F.	Palmer Memorial, Boston	Surgical	June '37-June '38
Sanderson, E. R.	Faulkner, Jamaica Plain, Mass.	Mixed	June '37-June '38
Sandmeyer, J. A.	Peter Bent Brigham, Boston	Surgical	July '37-Jan. '40
Schoenbach, E. B.	Mt. Sinai, N. Y. C.	Medical	July '37-Jan. '40

Name	Hospital	Service	Dates
Sennott, W. N.	U. S. Public Health Service, Marine Hosp., Staten Island	Rotating	July '37-July '38
Shepler, L. G.	Long Island College, Brooklyn, N. Y.	Surgical	July '37-July '38
Smith, R. W.	Springfield Hosp., Mass.	Rotating	July '37-Jan. '39
Spitler, D. K.	Lakeside, Cleveland, Ohio	Medical	June '37-June '39
Sprague, N. F., Jr.	Bellevue Hospital, N. Y. C.	I Surgical	July '37-July '39
Stamps, W.	Bellevue Hospital, N. Y. C.	I Surgical	July '37-July '38
Steele, G. C.	Springfield Hosp., Mass.	Rotating	Jan. '38-July '39
Sterne, E. H., Jr.	Beth Israel, Boston	Medical	July '37-Oct. '38
Stevens, M. W.	Deaconess, Spokane, Wash.	Rotating	July '37-July '38
Stone, D. H.	Union Memorial, Baltimore, Md.	Rotating	July '37-July '39
Swenson, A. L.	Oklahoma Univ. Hosp., Oklahoma City	Rotating	July '37-July '38
Swenson, O.	University, Columbus, Ohio	Surgical	July '37-July '38
Tansey, J. L.	St. Vincent's, Worcester	Rotating	Oct. '37-Jan. '39
Tenery, R. M.	University Hosp., Philadelphia, Pa.	Rotating	July '37-July '39
Thomas, L.	Boston City, Boston	IV Medical	Oct. '37-April '39
Thompson, J. J.	Good Samaritan, Boston		Oct. '37-Jan. '38
	Bellevue Hospital, N. Y. C.	II Medical	Jan. '38-Jan. '40
Van Camp, W.	Harper, Detroit, Mich.	Rotating	June '37-June '38
Vilter, R. W.	Cincinnati General, Ohio	Rotating	July '37-July '38
Vaine, H.	Univ. of California, San Francisco	Surgical	June '37-June '38
Webb, A., Jr.	Roosevelt, N. Y. C.	Surgical	July '37-July '40
Wheeler, S. M.	Sydenham (contagious) Baltimore, Md.	Medical	July '37-July '38
White, T. R.	Johns Hopkins, Baltimore, Md.	Fellowship Sur.-Path.	July '37-July '38
Williams, McC.	Peter Bent Brigham, Boston	Surgical	Nov. '37-Mar. '40
Woolsey, R. D.	St. Luke's, St. Louis, Mo.	Rotating	July '37-July '38
Work, H. H., Jr.	Children's, Boston	Medical	July '37-Dec. '39
Yee, L. P. K.	Mass. General, Boston	Medical	July '37-July '39
Zinn, L. D.	Hartford Hosp., Conn.	Rotating	July '37-July '39

APPOINTMENT OF JEAN ALONZO CURRAN, '21

Jean Alonzo Curran has been appointed Dean of the Long Island College of Medicine. Curran graduated from the Harvard Medical School in 1921 and interned at the Brooklyn Hospital from 1921 to 1923. In 1923 he went to China where he did medical missionary work representing the American Board of Missions, Congregational Church, with the approval of the Chinese Medical Board, Rockefeller Foundation. In 1930 he returned to the United States because of outbreaks and demonstrations against foreigners. Since then he has been an instructor in medicine at the New York University Medical School and lecturer in Tropical Medicine. At the present time he is executive secretary of the Committee for Study of Hospital Intern Service for the New York Academy of Medicine and the five Greater New York medical schools.

HARVARD MEDICAL SCHOOL COURSES FOR GRADUATES

Fracture Course

The course in Treatment of Fractures usually given in October by the Fracture Clinic of the Massachusetts General Hospital will be omitted this year owing to the construction of the new surgical building now going on at the hospital and due to lack of other facilities. It is expected that the course will be resumed in the autumn of 1938.

NEW OFFICERS OF THE ALUMNI ASSOCIATION

At the annual meeting and luncheon held on June 1, 1937 at the Hotel Bradford, Boston, three new councillors and a slate of new officers were elected as follows:

President, Lincoln Davis, '98.
Vice-President, Lawrence K. Lunt, '14.
Treasurer, Marshall K. Bartlett, '28.
Secretary, Clark W. Heath, '26.
Councillors: Edward L. Peirson, '25, Charles L. Short, '28, Grantley W. Taylor, '22.

ASSOCIATION OFFICERS

Edwin A. Locke, *President*
 Carl Binger, *Vice-President*
 Charles L. Short, *Secretary*
 Henry H. Faxon, *Treasurer*

COUNCILLORS

H. A. Lawson	H. A. Chase
T. B. Mallory	R. H. Miller
R. B. Cattell	R. W. French
V. P. Williams	A. Thorndike, Jr.

Conrad Wesselhoeft

EDITOR

Charles L. Short

BUSINESS MANAGER

Henry H. Faxon

*Room 111, Harvard Medical School
 Boston, Mass.*

SECRETARY'S ANNUAL REPORT

The Annual Meeting of the Alumni Association for 1936 was held on September 15, immediately preceding an Alumni dinner at the Harvard Club in conjunction with the Tercentenary Celebration. At the meeting, reports of officers were presented and three new councillors were elected: Herman A. Lawson, '24, Tracy B. Mallory, '21, and Richard H. Miller, '10. Over 500 alumni were present at the dinner, a brief account of which was printed in the October, 1936, Bulletin.

Since then, three meetings of the Council have been held. At one meeting, Dean Burwell was present and reported on the situation of the rooms in Vanderbilt Hall. A survey had been made of the entire situation, which showed that there should be more cheaper rooms and that the whole rental scheme should be reorganized on the basis of size and location of each room. A new price list has been prepared for 1937-38 with little reduction in the average cost per room, but a marked increase in the number of cheap rooms. Also, the number of single rooms has been increased and in certain cases the number of men in a suite has been lowered. This has decreased the whole possible rental, but it is thought

that it will be made up for by the number of students using the dormitory. Room scholarships, not furnished by the Alumni Association, have been granted this year to seventeen men.

In response to a plea from Dean Burwell and Dr. Arlie V. Bock, Professor of Hygiene, the Council voted the support of the Alumni Association in helping students suffering from illness requiring hospital care lasting more than the maximum two weeks, paid for by the present scheme of health insurance. For this purpose, a fund of \$500 was underwritten with the bills to be approved by the Dean's Office and the Hygiene Department in each case. The Council decided not to commit itself to any permanent policy at this time, but to re-evaluate the situation and make such appropriation as seemed necessary during the coming year.

The question of re-establishing the course in Military Science at the School has been brought up at two meetings. No action has been taken by the Council and investigation of the situation is still underway.

The dinner for the Fourth Year Class was held as usual at Vanderbilt Hall on May 26, with Dr. Conrad Wesselhoeft, toastmaster. The speakers included Dr. Reid Hunt, Dean Burwell, Dr. Channing Frothingham, Dr. Richard H. Miller and Mr. Joseph Johnson, president of the Fourth Year Class.

Respectfully submitted,

CHARLES L. SHORT, M.D.,
 Secretary.

APPOINTMENT

Dr. Otto Kraye, Professor of Pharmacology at the American University of Beirut, Syria, has been appointed Associate Professor of Pharmacology at the Harvard Medical School for five years beginning next September. Dr. Kraye has been at the American University since 1934, and previous to that held appointments at Düsseldorf and Berlin. He graduated from Freiburg University Medical School in 1926.

